

Effective Practices in Bladder Cancer Care: ADDRESSING FINANCIAL BARRIERS TO QUALITY CARE

Bladder cancer is well known to be one of the costliest cancers to treat. With advancements in treatment options (newer drugs and therapies), more costs are being shifted to patients through high deductibles, high copays, and uncovered medication, medical devices, and services. In addition to medical costs, patients often face indirect costs such as time off from work, physical limitations, or early retirement. This financial burden is referred to as financial toxicity or financial distress. Financial toxicity refers to the adverse effects from financial strain caused by the costs in cancer treatment.

In addition, studies have shown that socioeconomic status is a significant indicator of survival in patients with bladder cancer. Women and black people are found to have poorer health outcomes related to bladder cancer. In fact, there is increasing evidence to indicate significant differences in health outcomes for bladder cancer patients based on race, gender, smoking status, socioeconomic status, among others.

Analysis of the Problem

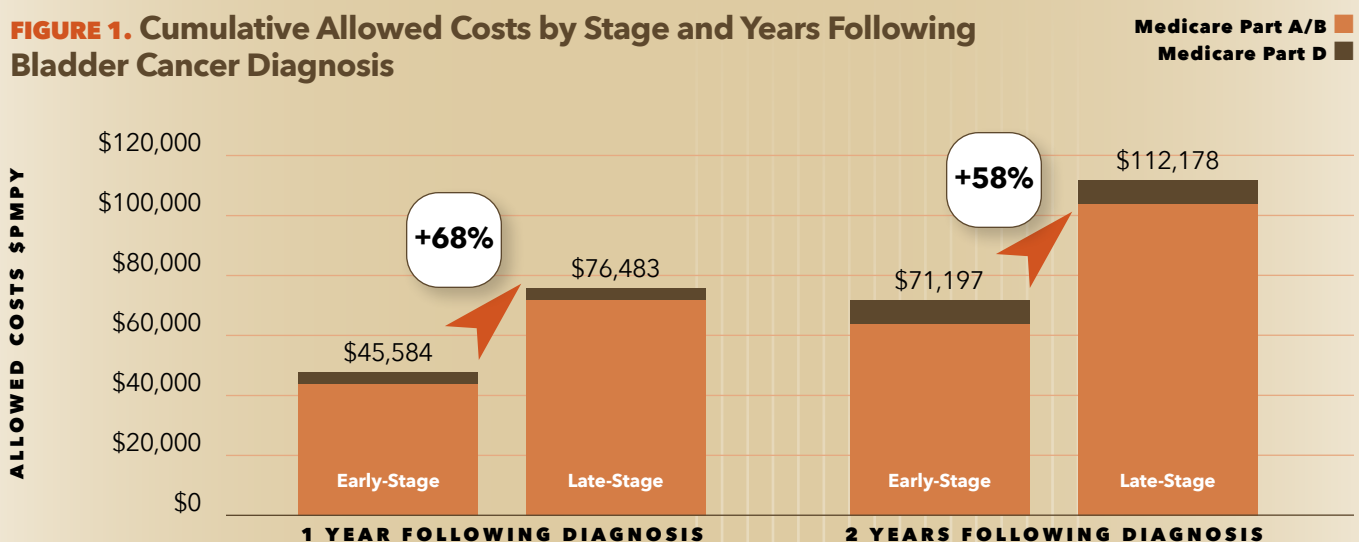
A recent analysis by the Association of Community Cancer Centers (ACCC) reviewed administrative claims data among bladder cancer patients with Medicare Fee-for-Service during the period

of 2017 through 2019 (n=4,356). The analysis confirmed that the cumulative costs incurred by many patients diagnosed with bladder cancer is immense. Delayed diagnosis and delayed time to treatment are key factors contributing to these high costs, especially for Black patients and women.

Further results showed:

- Out of the 4,356 incident patients: average age 77.7, 71% male, 56% no treatment, 15% early-stage treated, 28% late stage.
- Patients diagnosed at late-stage incur 90% more out-of-pocket costs (copays, coinsurance, deductibles) in the first year following diagnosis than early-stage treated patients (\$9,970 vs \$5,225) and 81% higher cumulative out-of-pocket costs two years following diagnosis (\$15,145 vs \$8,390).
- For both early-and late-stage patients, the month of diagnosis is the most expensive. 53% of all costs incurred in the month of diagnosis are for cystoscopy/TURBT procedures.
- Elevated costs persist at levels higher than pre-diagnosis levels for at least 20 months.
- Among late-stage patients, treatments (surgery, radiation therapy, and systemic therapy) amount to 34% of all costs incurred in 6 months following diagnosis.

FIGURE 1. Cumulative Allowed Costs by Stage and Years Following Bladder Cancer Diagnosis



Strategies to Address Financial Toxicity

Financial toxicity has been found to decrease patient quality of life, patient satisfaction with care, and even the quality of care. Studies have shown that patients prefer to discuss treatment costs with their bladder cancer providers. The Association of Community Cancer Centers, the American Society of Clinical Oncology, and the American College of Surgeons Commission on Cancer endorse the importance of cost conversations with patients, which are increasingly viewed as potential indicators of quality care. In fact, studies have found that cost conversations can improve patient satisfaction and reduce out-of-pocket costs.⁷

Jennifer Hines, Financial Advocate at St. Luke's Cancer Institute in Nampa, Idaho, offered insights into how financial navigation interventions can reduce barriers to care and increase patient health outcomes.

ACCC: How do you connect with patients with bladder cancer that need financial assistance?

Jennifer: Patient referrals can come from anywhere. Our typical procedure is to directly refer any new patients to financial navigators to review demographic information, insurance type (if any), and planned treatment course. We prefer to identify any financial needs up front. Unfortunately, we can't meet with every patient at their first appointment. We can choose to delay these conversations if we know a patient's prognosis will involve a lot of information in that first meeting.

We also receive referrals from social workers, providers, our billing department, and even the patients themselves.

ACCC: Do you look at social determinants of health when assessing a patient's demographic data?

Jennifer: Absolutely, age is one determinant that tells us a lot about financial needs. If a patient is over age 68, we try to identify if they are reliant on social security and Medicare. If so, that income bracket will fit a lot of financial program guidelines and we know there are multiple options for assistance. For privately insured or lower aged individuals, we would be focusing more on commercial credit assistance. For St. Luke's financial care specifically, we can assist any patient, no matter what age.

ACCC: What financial burdens, either due to medical costs or non-medical costs, have you seen?

Jennifer: A typical patient we see, may already have \$6,000 to \$7,000 in medical debt from hitting their insurance's out-of-pocket max from surgery. They're already exhausted and at their wit's end, but still have more long-term treatments ahead of them. It's our responsibility to be their support system, to help them identify resources to help them so they can focus on what is most important, their health.

ACCC: Does the financial toll for patients change the earlier the cancer is detected?

Jennifer: By far. The number of treatments or the type of treatments can be different based on when the cancer is found. So, say someone caught it through a preventive visit, they may only need surgery to take care of it. This helps alleviate the financial burden drastically.

Cancer programs should consider adopting the following strategies to remove barriers to treatment:

- Screen patients for potential financial distress at the first oncology visit following a diagnosis of bladder cancer and at least once per year. ACCC also recommends screening when there is a change in diagnosis or treatment plan, changes in insurance coverage, and when concerns are expressed to care team members.
- Involve financial advocates in tumor boards or treatment planning discussions to provide financial considerations. This could include having a conversation about treatment options or timing that could be more affordable for patients (for example, scheduling expensive procedures or testing before the end of their coverage year when they've already hit their out-of-pocket maximum).
- Assess patients' household size, income, and assets to determine which available resources best fit their needs. This may include federal and state subsidies or programs, nonprofit and independent foundation assistance, medication access programs, and/or local community assistance.

ACCC has resources available to support you in this work:

- ACCC's Digital Patient Assistance and Reimbursement Guide provides details on available financial assistance and reimbursement program benefits, application information, and eligibility criteria.
- The ACCC Financial Advocacy Playbook offers additional guidance on mitigating financial toxicity.

In partnership with Bladder Cancer Advocacy Network. Sponsored by EMD Serono and Pfizer Oncology.



A publication from the ACCC education program, "Multidisciplinary Bladder Cancer Care." Learn more at acc-cancer.org/bladder-cancer-care or scan this QR code.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. For more information, visit acc-cancer.org.

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